

Certified Mortuary Science Practitioner (CMSP) Application

Review and complete both pages of this application form. Submit completed application form, \$75 non-refundable application fee (payable to the Colorado Funeral Service Board), and supplemental materials (list of all required documentation on Page 2), to the address noted on Page 2 of this form. All applicant materials must be in English – foreign language translation is the responsibility of the applicant.

Applications are reviewed by the CFSB Board on a quarterly basis in February, May, August and November. Applications and all supplemental materials must be received by the 15th day of the month prior to the quarterly meeting to be considered for approval, or the application may be deferred for review until the next quarterly meeting. If certification is approved, application fees will be applied toward your annual certification.

PLEASE PRINT LEGIBLY OR TYPE ALL INFORMATION BELOW

Applicant's Name		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth (mm/dd/yyyy)	Place of Birth		
Home Address			
City, State and Postal Code			
Area Code and Phone	How long at current address		
Email	May we contact you via email? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Current Employer	
Business Address	
Business City, State and Postal Code	
Business Area Code and Phone	Fax

EDUCATION

I have completed : <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> College/ University <input type="checkbox"/> Mortuary Science School (required)				
High School Name			City, State	Date graduated (month, year)
College / University			City, State	
College Start year	End Year	Degree/Area of study	Number of hours/credits earned	Date graduated (month, year)
Mortuary Science School			City, State	
Mortuary School Start year	End year	Number of hours/credits earned	Date graduated (month, year)	

NATIONAL BOARD EXAM

I have taken the National Board Exam and received an overall passing score of no less than 75% on both Arts and Sciences sections. <input type="checkbox"/> YES <input type="checkbox"/> NO	Certificate Number
	Date

COLORADO INTERNSHIP *Attach original notarized affidavit form with this application.*

I have served an internship under the supervision of a currently Certified Mortuary Science Practitioner (CMSP). <input type="checkbox"/> YES <input type="checkbox"/> NO	
CMSP Name (print)	CMSP Number
Funeral Home	City, State
Internship Start Date	End date

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OTHER STATE LICENSES

State	License Type	License Number	Date Issued	Date Expires
State	License Type	License Number	Date Issued	Date Expires

EQUIVALENCY / RECIPROCITY

- I am applying for certification under the Equivalency program. Enclosed is a letter/affidavit from the State licensing authority to attest my good standing. A copy of my current license is also enclosed.
- Enclosed are affidavits/letters of recommendations from three (3) funeral directors in my home state with equivalent licenses:

1. Name of funeral director	2. Name of funeral director	3. Name of funeral director
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APPLICANT COMPLETION

I, _____, have completed the above information to the best of my ability and further state that all is a true and lawful account of the same and on the date indicated above do hereby apply to the Colorado Funeral Service Board for certification as a Certified Mortuary Science Practitioner in the State of Colorado. If accepted for certification, I hereby declare that I have read and agree to abide by the recommended standards of practice Colorado funeral service professionals as adopted by the Colorado Funeral Service Board and will continue to adhere to the specific standards, criteria and requirements necessary to hold a Certified Mortuary Science Practitioner Certification. I further agree to abide by the rules and regulations and statutes governing the practice of funeral service in the State of Colorado now existing or which may be adopted in the future. I further realize that the application fee enclosed herewith is not refundable and desire that the governing board and its administrators of the Colorado Funeral Service Board will look favorably upon my application to become a recognized part of the funeral service profession in the State of Colorado.

Signature of Applicant	Date
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All documentation and payment of \$75 non-refundable fee must be received before applications are considered for approval. All applicant materials must be in English – foreign language translation is the responsibility of the applicant.

The following documentation is required for CMSP Application

1. Completed CMSP Application and payment of \$75 non-refundable application fee, payable to the "CFSB"
2. Certified transcripts from all educational institutions attended:
 - High school transcript/diploma or GED equivalency
 - College transcripts – 60 semester hours or 90 quarter hours (may include Mortuary Science or other college credit)
 - Mortuary Science school transcripts (completion at an ABFSE accredited school)
3. National Board Exam – overall passing score of no less than 75% on both Arts and Sciences sections (Results should be ordered from the International Conference of Funeral Service Examining Boards and sent directly to CFSB.)
4. Proof of Internship – 12 months (Original notarized affidavit from supervising CMSP or licensed practitioner in other state)

Documentation Requirements if applying for Licensing Reciprocity/Equivalency from Another State

1. Completed CMSP Application and payment of \$75 non-refundable application fee, payable to the "CFSB"
2. Certified transcripts from all educational institutions attended:
 - High school transcript/diploma or GED equivalency
 - College transcripts – 60 semester hours or 90 quarter hours (may include Mortuary Science or other college credit)
 - Mortuary Science school transcripts (completion at an ABFSE accredited school)
3. National Board Exam – overall passing score of no less than 75% on both Arts and Sciences sections (Results should be ordered from the International Conference of Funeral Service Examining Boards and sent directly to CFSB.)
4. Copy of your current license(s)
5. Letter from the state licensing authority attesting to your standing with home state licensing board
6. Verification of five (5) consecutive years occupational practice or education – Original notarized affidavit or letters of recommendation from three (3) funeral directors with equivalent licenses in your home state

To maintain your CMSP Certification for the CFSB, you will be required to provide evidence of six (6) continuing education credits per year and remit annual renewal fee of \$75 to the Colorado Funeral Service Board.

Colorado Funeral Service Board

A Voluntary Professional Certification Agency for the Advancement of Professionalism in Funeral Service in Colorado
c/o Colorado Funeral Directors Association, P. O. Box 631664, Highlands Ranch, CO 80163-1664
Phone 303-791-2336, Fax 303-395-2609, Email mail@cofda.org www.cofda.org

Affidavit/Verification of Funeral Cases for Certification as a Certified Mortuary Science Practitioner

I, (please print) _____, of
(funeral home) _____,
Certified Mortuary Science Practitioner # _____ being duly, sworn, deposed and say that I have known
(applicant) _____, for _____ years, and that he/she
began his/her internship under me (exact start date) _____, and served
continuously as such until (exact end date) _____, and that during such time he/she
actually directed (# of case) _____ under my direction as shown by records upon case reports
filed.

I further state that this applicant is of good moral character and that I believe his/her statements as made in
this application to be true in every respect and I recommend him/her favorably to said Board.

I understand that any false statements on my part regarding the above constitute grounds for revocation of my
certification.

Signed by CMSP _____ CMSP Number _____

Date _____

FOR NOTARY PUBLIC

Before me personally appeared (supervising CMSP or licensee) _____

and made oath and says that all of the foregoing statements are true.

Sworn and subscribed to this _____ day of _____, A.D. _____

_____ a Notary Public in and for

_____ County, State of _____.

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Affidavits submitted with certification applications must be original, unaltered documents and must contain original notary authorization.
Photocopies of notarized affidavits or documents with corrections, white-out, scribble-outs, etc., will not be accepted. 9/2008